JA ETHICS AND

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012 III MAR 3 | PH |: 09 statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

COMMITTEE NAME (Must be same as on Statement of Orga	anization)			
Friends Of NCC		1 [FORM	
IMPORTANT: Indicate by # type of committee you are reporting for: (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) (4) County Central Committee (5) County Candidate (6) City Candi Subdivision Candidate (8) County PAC (9) City PAC (10) School I 1) Local Ballot Issue	2)State PAC (3)State Party) (F	DR-2 lev. 12/2009) or Office Use On	
CANDIDATE COMMITTEES ONLY:				
Candidate Name	Political Party (if applicable)	So	anned	
Office Sought	District (if Senate or House)			
ate reports are subject to possible civil and criminal penalties. Pur andidate's committee, and the chairperson, for any other type of c	suant to lowa Code sections 68B.32/committee, is the individual responsible	(7) and 68A e for filing ti	0.401(3), the car mely and accura	ndidate, for a te reports.
Ken wohned	712-324-8370 TELEPHONE		March 31	.2011
IGNATURE OF RERSON FILING REPORT	TELEPHONE		DATE S	GNED
AM FILING A MARCH 31, 4011 (NOTE MIREL:	REPORT FOR (1) ELECTION	I /(2)NON-E	LECTION YEA	AR.
(report date)	Indicate by	# 🚺		
CHECK IF AMENDMENT TO REPORT DATED		Local Comr	nittees, enter Da	te of Flection
		April 5, 2		ic of Election
Check if this is final (termination) report and attach Notice o (You must continue to file reports until a DR-3 is filed	f Dissolution Form DR-3.	County & Lo	ounty & Local Committees, enter County in	
(and a bit of more sports and a bit of a mode	· <i>)</i>	which Elect Cheroke	ion is held e,Lyon,Obrier	.Osceola.Sic
			-,-,, -,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
STATEMENT OF CASH ON HAND				SE
ASH ON HAND at the beginning of the reporting period. (To committee. This amount MUST be the same as the of the last reporting period or must be zero if this is find.)	ash on hand at the end	\$	570.32	
ADD TOTAL MONEY TAKEN IN THIS PERIOD	, ,	•		
Schedule A: Cash Contributions total (Attach Schedu	ule A) (*also see in-kind below)		5,450.00	
Schedule F: Loans Received total (Attach Schedule				
Schedule H: Total Sales of Campaign Property (Atta				
	ch Schedule H)			
(Schedule H applies to Candidates' Comm	ch Schedule H)	•••••	6,020.32	
	ch Schedule H) nittees Only) SUB-TOTAL	•••••	6,020.32	
(Schedule H applies to Candidates' Comm	ch Schedule H) nittees Only) SUB-TOTAL	\$	6,020.32	
(Schedule H applies to Candidates' Comm SUBTRACT TOTAL MONEY SPENT THIS PERIOD Schedule B: Expenditures total (Attach Schedule B)	ch Schedule H) nittees Only) SUB-TOTAL (**also see debts and loans below)	\$	6,020.32	
(Schedule H applies to Candidates' Communication (Schedule H applies to Candidates' Communication (Subtract Total Money Spent This Period Schedule B: Expenditures total (Attach Schedule B) Schedule F: Loan Repayments total (Attach Schedule F)	ch Schedule H) nittees Only) SUB-TOTAL (**also see debts and loans below) le F)	s	6,020.32	
(Schedule H applies to Candidates' Comm SUBTRACT TOTAL MONEY SPENT THIS PERIOD Schedule B: Expenditures total (Attach Schedule B) Schedule F: Loan Repayments total (Attach Schedul ASH ON HAND at the end of this reporting period (if final rep	ch Schedule H)	 \$	6,020.32	
SUBTRACT TOTAL MONEY SPENT THIS PERIOD Schedule B: Expenditures total (Attach Schedule B) Schedule F: Loan Repayments total (Attach Schedul ASH ON HAND at the end of this reporting period (if final rep UNPAID BILLS (From Schedule D - Attach Schedule D)	ch Schedule H)	\$\$	6,020.32 6,816.48	
SUBTRACT TOTAL MONEY SPENT THIS PERIOD Schedule B: Expenditures total (Attach Schedule B) Schedule F: Loan Repayments total (Attach Schedul ASH ON HAND at the end of this reporting period (if final rep UNPAID BILLS (From Schedule D - Attach Schedule D)	ch Schedule H)	\$\$\$\$\$	6,020.32	
SUBTRACT TOTAL MONEY SPENT THIS PERIOD Schedule B: Expenditures total (Attach Schedule B) Schedule F: Loan Repayments total (Attach Schedule ASH ON HAND at the end of this reporting period (if final rep UNPAID BILLS (From Schedule D - Attach Schedule D) N KIND CONTRIBUTIONS (From Schedule E - Attach Schedule OUTSTANDING LOANS (From Schedule F - Attach Schedule	ch Schedule H)	\$\$\$\$\$	6,020.32 6,816.48 1,106.28	NO
SUBTRACT TOTAL MONEY SPENT THIS PERIOD Schedule B: Expenditures total (Attach Schedule B) Schedule F: Loan Repayments total (Attach Schedule ASH ON HAND at the end of this reporting period (if final repunpal Bills (From Schedule D - Attach Schedule D) N KIND CONTRIBUTIONS (From Schedule E - Attach Schedule OUTSTANDING LOANS (From Schedule G Attached?)	ch Schedule H)	\$\$\$\$\$	6,020.32 6,816.48	NO
(Schedule H applies to Candidates' Comm SUBTRACT TOTAL MONEY SPENT THIS PERIOD Schedule B: Expenditures total (Attach Schedule B)	ch Schedule H)	\$\$\$\$\$	6,020.32 6,816.48 1,106.28	NO

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

	COMMITTEE NAME (Must be same as on Statement of Organizati	on)
Friends of NCC	Friends of NCC	·

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
_	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
1/5/2011	ID# CK#	William Giddings 800 23rd Ave Sheldon Ia 51201		\$200.00	
1/13/2011	ID# CK#	Perspective Insurance 221 Park St Sheldon Ia 51201		250.00	
2/7/2011	ID# CK#	Iowa State Bank 627 2nd Ave Sheldon Ia 51201		250.00	
2/9/2011	ID# CK#	Orange City Area Health System 1000 Lincoln Circle SE Orange City Ia 51041		250.00	
2/16/2011	ID# CK#	Tom Vinson 1010 S Story St Rock Rapids Ia 51246		25.00	
2/18/2011	ID# CK#	Sioux Center Community Hospital 605 South Main Ave Sioux Center la 51250		250.00	
2/24/2011	ID#	Citizens State Bank 808 3rd Ave Sheldon Ia 51201		250.00	
3/1/2011	ID# CK#	NCC Foundation 603 West Park Street Sheldon Ia 51201		1000.00	
3/3/2011	ID# CK#	Craig Struve 204 South St Calumet 51109		100.00	
3/4/2011	ID#	Frontier Bank 301 1 Ave Rock Rapids Ia 51246		350.00	
	1		SUB-TOTAL	. 2925	

TOTAL (if last page of this schedule)

Page 1 of 3 (for Schedule A)

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(including candidate's personal funds)	
COMMITTEE NAME (Must be same as on Statement of Organization)	
Friends of NCC	

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
_	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
3/4/2011	ID#	Osceola Community Hospital 600 N 9 Ave Sibley Ia 51249		\$250.00	
3/7/2011	ID#	Sheldon Chamber & Development Corp 416 9th St Sheldon Ia 51201		300.00	
3/14/2011	ID#	Northwestern Bank 934 3rd Ave Sheldon Ia 51201		250.00	
3/15/2011	ID# CK#	Interstates Construction 1520 N Main Ave Sioux Center Ia 51250		100.00	
3/18/2011	ID# CK#	Gretchen Bartleson 515 Poplar Dr Sibley Ia 51249		100.00	
3/18/2011	ID# CK#	Wolf Whorley DeHoogh Schreurs 934 3rd Ave Ste 200 Sheldon Ia 51201		300.00	
3/18/2011	ID# CK#	Bruce Osterman 434 12 NE Sibley Ia 51249		250.00	
3/18/2011	ID# CK#	Rich Haack 1541 Oak Street Sheldon Ia 51201		200.00	
3/21/2011	ID# CK#	Hy Vee 115 N 5th Ave Sheldon Ia 51201		200.00	
3/23/2011	ID# CK#	Sibley Vet Clinic 1654 Hwy 60 Blvd Sibley Ia 51249		100.00	
			SUB-TOTAL	¢ 2050	

TOTAL (if last page of this schedule)

of 3 (for Schedule A)

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

AMENDING FORM

For Instructions, See Back of Form	Hisso-koron	CHEDULE	
CONTRIBUTIONS MONEY TAKEN IN (Including candidate's personal funds)		A (Rev. 07/03)	MONETARY RECEIPTS
		CHEC	K THIS BOX IE

COMMITTEE NAME (Must be same as on Statement of Organization)	
Friends of NCC	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
3/24/2011	ID# CK#	Sibley State Bank 803 4th Ave Sibley Ia 51249		\$200.00	
3/28/2011	ID# CK#	Vogel Foundation PO Box 440 Orange City Ia 51041		250.00	
3/23/2011	ID# CK#	Tom Vinson 1010 S Story St Rock Rapids Ia 51246		25.00	
	ID#				
	ID#				
	ID#				
	CK#				
	CK#				
	CK#				
	ID# CK#				
	ID#				
			SUB-TOTAL	\$ 475	
		TOTAL (if last pa	ge of this schedule)		1

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

\$ 5450.00

FOR INSTRU	CTIONS	SEE D	nck.	0E 1	-004	
URINGIRU	CHUNS.	SEE DA	11	()-)	-1))~?\	,

COMMITTEE NAME (Must be same as on Statement of Organization) Friends of NCC			INCURRED INDEBTEDNESS
NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.			CK THIS BOX MENDING M

DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD (DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period., regardless of whether an invoice

of 3

(for Schedule D)

SCHEDULE

DATE			en received.
DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
3/20/2011	Hartley Sentinel 71 1st St SE Hartley Ia 51346	Advertising	262.50
3/20/2011	Hawarden Independent 926 Ave F Hawarden Ia 51023	Advertising	292.50
3/20/2011	Iowa Information 227 9th Street Sheldon Ia 51201	Advertising	1,016.58
3/20/2011	Mail Sun 227 9th Street Sheldon Ia 51201	Advertising	459.60
3/20/2011	Golden Shopper 227 9th Street Sheldon Ia 51201	Advertising	459.60
3/20/2011	Lyon County News 113 East Michigan Ave George Ia 51237	Advertising	54.60
3/20/2011	Lyon County Reporter 310 1 Ave. Rock Rapids Ia 51246	Advertising	444.15
		SUB-TOTAL	• '
			2,989.53
	TOTAL DEBTS OWED BY COMMITTEE A	IT THE END OF THIS REPORTING PERIOD	\$

CANDIDATE COMMITTEES NOTE:

*If actual figure is unknown, show "estimated" beside the figure.

*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)	l
Friends Of NCC	
	į

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

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SCHEDULE D **INCURRED** (Rev. 08/98) **INDEBTEDNESS** ☐ CHECK THIS BOX IF AMENDING **FORM**

DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD (DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period., regardless of whether an invoice

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR	BALANCE OWED AT
		PURCHASED	CLOSE OF REPORTING PERIOD*
3/20/2011	Marcus News 401 N Main Street Marcus Iowa 51035	Advertising	147.00
3/20/2011	Osceola Co. Gazette 201 9th St Sibley Ia 51249	Advertising	415.80
3/20/2011	Rock Valley Bee 1442 Main Street Rock Valley Ia 51247	Advertising	415.80
3/20/2011	Sanborn Pioneer 121 Main Street Sanborn Ia 51248	Advertising	54.60
3/20/2011	Sioux Center News 67 3rd St NE Sioux Center Ia 51250	Advertising	724.50
3/20/2011	Sioux County Capital Democrat 113 Central Ave Orange City Ia 51041	Advertising	554.70
3/20/2011	Sioux County Index Reporter 1013 First Ave Hull Ia 51237	Advertising	99.45
		SUB-TOTAL	
			2,411.85
	TOTAL DEBTS OWED BY COMMITTEE AT	T THE END OF THIS REPORTING PERIOD	\$

*If actual figure is unknown, show "estimated" beside the figure.

Page 2 of _______(for Schedule D)

CANDIDATE COMMITTEES NOTE:

*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

FOR	INSTRUCTIONS.	SEE BACK	OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization) Friends Of NCC		D (Rev. 08/98)	INCURRED INDEBTEDNESS
NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.			CK THIS BOX MENDING M

DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD (DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period. regardless of whether an invoice

SCHEDULE

DATE has been received.					
INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*		
3/20/2011	Siouxland Press 107 3rd St NE Orange City Ia 51041	Advertising	49.00		
3/20/2011	West Lyon Herald 211 South Main St Inwood Ia 51240	Advertising	86.10		
3/20/2011	KSOU Radio 128 20th St SE Sioux Center Ia 51250	Advertising	200.00		
3/20/2011	KIHK Radio 128 20th St SE Sioux Center Ia 51250	Advertising	200.00		
3/20/2011	Demco Printing 4010 320th St Boyden Ia 51234	Postage	880.00		
		SUB-TOTAL	\$ 1,415.10		
	TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD				
	\$ 6,816.48				

CANDIDATE COMMITTEES NOTE:

*If actual figure is unknown, show "estimated" beside the figure.

Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

FOR INSTRUCTIONS, SEE BACK OF FORM		SCHEDULE E	IN-KIND
COMMITTEE NAME (Must be same as on Statement of Organization)		(Rev. 06/97)	
Friends Of NCC		To a stroke Tillio Dov IF	
			C THIS BOX IF DING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
3/25/2011	Demco Printing 4010 320th Street Boyden Iowa 51234		Postcards	\$ 1,106.28	
	,				
****			SUB-TOTAL	\$	
			TOTAL (if last	\$	1
			page of this	-,	
			schedule)		

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1 (for Schedule E)